

72 Hour Presumptive Eligibility Program
for Crisis Stabilization
Individuals 18 years of age and older
Fee Schedule
July 1, 2008

I. Practitioner Services – Psychiatric Procedures

Mental health practitioners include physicians, physician assistants, nurse practitioners, psychologists, social workers, and professional counselors. Practitioners bill using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

| CPT Code | Procedure | Unit Time | Unit Limits | Psychologist / LCSW / LCPC | Psychiatrist / Physician / Mid-level Practitioner |
|----------|---|--------------|-----------------------|-------------------------------|--|
| 90801 | Psychiatric diagnostic interview examination (Assessment) | Per session | 1 / 72 hour period | \$89.85 | Same as Medicaid |
| 90804 | Individual psychotherapy, office | 20 - 30 min. | 1 / day | \$37.80 | |
| 90805 | Individual psychotherapy, office, w/ E&M | 20 - 30 min. | 1 / day | N/A | Same as Medicaid |
| 90806 | Individual psychotherapy | 45 - 50 min. | 1 / day | \$53.76 | |
| 90807 | Individual psychotherapy, office, w/ E&M | 45 - 50 min. | 1 / day | N/A | Same as Medicaid |
| 90816 | Individual psychotherapy, inpatient, partial hospital, or residential | 20 - 30 min. | 1 / day | \$35.70 | |
| 90817 | Individual psychotherapy, inpatient, partial hospital, or residential, w/ E&M | 20 - 30 min. | 1 / day | N/A | Same as Medicaid |
| 90818 | Individual psychotherapy, inpatient, partial hospital, or residential | 45 - 50 min. | 1 / day | \$53.17 | |
| 90819 | Individual psychotherapy, inpatient, partial hospital, or residential, w/ E&M | 45 - 50 min. | 1 / day | N/A | Same as Medicaid |
| 90846 | Family psychotherapy without patient | Per session | 1 / day | \$52.38 | |
| 90847 | Family psychotherapy with patient | Per session | 1 / day | \$65.15 | |
| 90853 | Group psychotherapy | Per session | 1 / day | \$18.44 | |

II. Practitioner Services – Evaluation & Management

Evaluation and Management Services may be provided by physicians, physician assistants, and nurse practitioners. Services are billed using standard CPT-4 procedure codes and are reimbursed according to the Department's RBRVS system.

| CPT Codes | Procedure | Unit Time | Unit Limits | Psychiatrist / Physician / Mid-level Practitioner |
|------------------|---|------------------|--------------------|--|
| 99201 – 99205 | Office/Outpatient Visit, New Patient | Per visit | 1 / day | Same as Medicaid |
| 99211 – 99215 | Office/Outpatient Visit, Established Patient | Per visit | 1 / day | Same as Medicaid |
| 99217 – 99220 | Observation Care | Per visit | 1 / day | Same as Medicaid |
| 99221 – 99223 | Initial Hospital Care | Per visit | 1 / day | Same as Medicaid |
| 99231 – 99233 | Subsequent Hospital Care | Per visit | 1 / day | Same as Medicaid |
| 99238 – 99239 | Hospital Discharge Day | Per visit | 1 / day | Same as Medicaid |
| 99281 – 99285 | Emergency Department Visit | Per visit | 1 / day | Same as Medicaid |

III. Acute Inpatient Services

Acute care hospital services are reimbursed by contract to enrolled hospitals. Please contact the Addictive & Mental Disorders Division at 1-406-444-3964 for information.

III. Care Coordination, Community-based Psychiatric Rehabilitation, and Crisis Management Services

Crisis management services are paid on an all-inclusive bundled hourly rate to enrolled hospitals and enrolled facilities such as licensed mental health centers. Reimbursement is subject to payment authorization (PA) and limits.

| Service | Procedure Code | Modifier | Unit Time | Reimbursement | Limits | Management |
|---|------------------------|----------|-----------|---------------|--------|--------------------|
| Care Coordination | H2011 | | 15 min | \$12.00 | 12 | Retrospective |
| Community-based psychiatric rehabilitation & support – individual | H2019 | | 15 min | \$6.49 | None | Retrospective |
| Crisis Management Mental Health Center Day One | S9484 | U1 | 1 hour | \$16.67 | 24 | Payment Authorized |
| Crisis Management Mental Health Center Day Two | S9484 | U2 | 1 hour | \$10.42 | 24 | Payment Authorized |
| Crisis Management Mental Health Center Day Three | S9484 | U3 | 1 hour | \$6.25 | 24 | Payment Authorized |
| Crisis Management Outpatient Hospital Day One | S9484 Revenue Code 762 | U1 | 1 hour | \$25.00 | 23 | Payment Authorized |
| Crisis Management Inpatient Hospital Day One | S9484 | U1 | 1 hour | \$25.00 | 24 | By Contract |
| Crisis Management Inpatient Hospital Day Two | S9484 | U2 | 1 hour | \$12.50 | 24 | By Contract |
| Crisis Management Inpatient Hospital Day Three | S9484 | U3 | 1 hour | \$8.33 | 24 | By Contract |